FORM D



03058791

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL										
OMB Number:	3235-0									
Expires:	May 31, 205									
Estimated average	age burden									
hours per respo	nse 16.00									

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED
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	The state of the s	
	ment and name has changed, and indicate change.) referred Stock	
Filing Under (Check box(es) that apply): XX R Type of Filing: X New Filing Amendment	ule 504 Rule 505 Rule 506 Section 4(6)	OLOE A SEVERA
	A. BASIC IDENTIFICATION DATA	C MAN
1. Enter the information requested about the issu	er	the second
Name of Issuer ( check if this is an amendment American EPS, Inc.	nt and name has changed, and indicate change.)	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1943 Jamestown Drive	Palatine, IL 60074	847/963-1667
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Turnkey electronic payment solut	ions	PROCESS
	ed partnership, aiready formed other (pl	lease specify): MAY 14 20
, -	Month Year nization: 011 013 (X) Actual Estim er two-letter U.S. Postal Service abbreviation for State: N for Canada; FN for other foreign jurisdiction)	

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

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		A, BASIC ID			() :	
2. Enter the information rec	- April	-				
<ul> <li>Each promoter of th</li> </ul>	ne issuer, if the is	suer has been organized w	ithin the past five years;			
<ul> <li>Each beneficial own</li> </ul>	er having the pow	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class	s of equity securities of the issue
<ul> <li>Each executive office</li> </ul>	cer and director o	f corporate issuers and of	corporate general and ma	naging partners of	partner	ship issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner of	of partnership issuers.				
Check Box(es) that Apply:	Promoter	X Beneficial Owner	X Executive Officer	X Director		General and/or Managing Partner
Nebil Ben Aissa Full Name (Last name first, if	individual)					7
1956 Jamestown Dri Business or Residence Address			ode)			
Check Box(es) that Apply:	Promoter	X Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
		er Grandchildr <mark>en T</mark>	rust			
Full Name (Last name first, if 40 Road 2ac		y, WY 82414				
Business or Residence Address	s (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		<u>,, , , , , , , , , , , , , , , , , , ,</u>			
Business or Residence Address	s (Number and	Street, City, State, Zip Co	ode)			•
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)				<u>-</u>	
Business or Residence Address	s (Number and	Street, City, State, Zip Co	de)	• • • • • • • • • • • • • • • • • • • •	<del></del>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)		100			* ****
Business or Residence Address	s (Number and	Street, City, State, Zip Co	ode)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)			***************************************		
Business or Residence Address	s (Number and	Street, City, State, Zip Co	ode)			· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)					
Dusiness of Decidence 4.4	<u> </u>	Carrie Circ Carrie Circ	.4.\			
Business or Residence Address	Dura 13 duineil	SHEEL CHY, STATE, AID CO	JUE J			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	THE STATE OF THE S					ON ABOU	i Oires	i de				
1. Has the	e issuer sol	d, or does t	he issuer i	ntend to se	ll, to non-a	ccredited i	investors in	this offer	ing?		Yes	No X
	Answer also in Appendix, Column 2, if filing under ULOE.										_	ш
2. What i	s the minin	um investr	nent that w	ill be acce	pted from a	any individ	lual?		•••••	•	\$_N/	Α
											Yes	No
	,											
	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering											
lf a per	son to be lis	sted is an as:	sociated pe	rson or age	ent of a brok	er or deale	r registere	d with the S	SEC and/or	with a state	е	
		ame of the b , you may s							cialed pers	ions of suc	n.	
Full Name										·-··		
<del>-</del>	91	4 11 (5	<del> </del>	10								
Business or	Kesidence	Address (N	lumber and	Street, Ci	ity, State, Z	ip Code)						
Name of As	sociated B	roker or Do	aler							****		
States in W	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All States	s" or check	individual	States)	***************************************	*************		•••••••		***************************************	☐ Al	1 States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HÏ	ID
	]N]	JA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full Name (	Last name	first, if ind	ividual)		· · · · · ·		······································					
Business or	r Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated Bi	roker or De	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers				<del></del>		
(Check	"All States	s" or check	individual	States)			•••••••	***************************************	***************************************	***************	☐ Al	States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	H	10
IL	IN	1A	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
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Full Name (	Last name	first, if ind	ividual)									
Business or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	sociated Br	oker or De	aler									
States in Wi		i Listed Has s" or check		** ********							☐ Ati	l States
<u> </u>												
AL TL	AK IN	AZ IA	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
MT	NE	NV	NH V2	NI	NM	NY	NC	ND	OH]	OK)	OR	PA
RI	SC	SD	M	TX	UT	VT	VA	WA	WV	WI	WY	PR

# GALLES CONTROL PRICE NUMBER OF INVESTORS DAPENS SAND USE OF TRUE 2005

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \sum_\) and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.	Aggre			nt Already
	Type of Security	Offering	Price		Sold
	Debt	\$	0	<b>s</b>	0
	Equity	\$ <u>1.000.</u>	000	\$1,00	0.000
	Common Preferred				
	Convertible Securities (including warrants)	\$	_0	\$	0
	Partnership Interests	\$ <u></u>	0	\$	0
	Other (Specify)	s	0	<b>S</b>	00
	Total	\$ <u>1,000</u>	000	\$1,00	0.000
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		per		ggregate ar Amount
		Invest	tors	of P	urchases
	Accredited Investors	3		\$ <u>1.0</u>	00,000
	Non-accredited Investors	0		<b>S</b>	00
	Total (for filings under Rule 504 only)			<b>s</b>	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
	Type of Offering	Type Secur			ar Amount Sold
	Rule 505			\$	
	Regulation A			<b>s</b>	
	Rule 504			<b>s</b>	
	Total			<b>s</b>	
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	•••••		\$	
	Printing and Engraving Costs	•••••		<b>s</b>	
	Legal Fees	•••••	Ø	\$ 30,0	000
	Accounting Fees			s	<del> </del>
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)	•••••		\$	
	Other Expenses (identify)	*************		\$	
	Total		_		

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	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."	Question 4.a. This difference is the "adjusted gros	S	•
5.	Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	oceed to the issuer used or proposed to be used for y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gros	r d	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<b>₹</b> X \$ 300,000	. 🗆 s
	Purchase of real estate		s	s
	Purchase, rental or leasing and installation of mac and equipment	hinery	\$	. 🗆 \$
	Construction or leasing of plant buildings and fac-	ilities	s	s
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ets or securities of another	\$	. 🗆 \$
	Repayment of indebtedness		s	s
	Working capital		<b>EC</b> \$ 550,000	\$
	Other (specify): Software tools, computer marketing, call center operation	r equipment, hardware	\$ <u>150,000</u>	\$
			<u> </u>	
	Column Totals	х	<b>\$1,000,000</b>	. 🗆 \$
	Total Payments Listed (column totals added)		х <del>ін</del> <b>ў</b> 10	000,000
 T.,		D FEDERAL SIGNATURE		
igi	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accumulation.	nish to the U.S. Securities and Exchange Commi	ssion, upon writte	
	uer (Print or Type)	Signature III ALCO	Date	0000
_	American EPS, Inc.	hall bould	Jan.	2003
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
	Nebil Ben Aissa	President		

- ATTENTION

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		THE STATESIGNATURE			
1.		FR 230.262 presently subject to any of the di		Yes 	No
		See Appendix, Column 5, for state	response.		
2.	The undersigned issuer hereby D (17 CFR 239.500) at such to	undertakes to furnish to any state administrato imes as required by state law.	r of any state in which this notice	is fil <b>ed a</b> no	otice on Forn
3.	The undersigned issuer herebissuer to offerees.	y undertakes to furnish to the state administra	tors, upon written request, infor	mation furr	rished by the
4.	limited Offering Exemption (U	ents that the issuer is familiar with the condit JLOE) of the state in which this notice is filed den of establishing that these conditions have	and understands that the issuer of		
	uer has read this notification and a	cnows the contents to be true and has duly cause	ed this notice to be signed on its bo	half by the	undersigned
lssuer (	Print or Type)	Signature	Date	······	
Name (	Print or Type)	Title (Print or Type)			

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

			Fillilliodinater per Lander II. And Andrea Carrier III. Andrea	IA.	PENDIX				
1	Intend to non-a investor	to sell ccredited s in State -ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under Str (if yes, explan	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL						-			
AK									
AZ						-			
AR	-					-			_
CA									
СО									
СТ									
DE							-12		
DC								• 7	
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GA							_		
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					A DANGARA 31. 143 B S		i se contra		
1	Intend to non-a investor	i to sell accredited is in State altem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes, explan waiver	lification ate ULOE
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ									
NE	15-								
NV									
ИН									
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NM									
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				APP	ENDIX								
1	to non-a	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				amount purchased in State (Part C-Item 2)			under St (if yes, explan waiver	lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													